PATIENT CARE RECORD COMPLETION

POLICY: The EMS Provider will complete, in a timely manner, an EMS Patient Care Record on all patients assessed or examined. A copy of the completed record must be made available to the receiving hospital prior to unit departure.

- Documentation will include all medical information and all medical care provided entered in the appropriate places in the Patient Care Record (PCR). The treatment/triage decision must be clearly supported. For the paper PCR, see the *Handbook for Completing the Scannable EMS Report Form* for specific instructions. For the electronic PCR, see your department's completion instruction manual.

- In a tiered EMS response situation involving two different levels of service, where one level arrives before the other or if patient care is transferred, both responding units must each complete and submit to MC EMS a PCR identifying their vehicle, unit type, response times, personnel and any assessment/treatment rendered. If both levels arrive together, only one PCR is required, completed by the appropriate unit per standard of care with identification of the other responding vehicles on the scene in the PCR.

- Any Advanced Life Support (ALS) assessment or intervention by Paramedic First Response (PFR) unit or ALS unit, including ECG rhythm interpretation, requires completion of the PCR by the PFR or the ALS team.

- If a Basic Life Support (BLS) unit is transporting the patient, for paper PCR, the ALS record documentation will be completed prior to the departure of the paramedic unit and the transporting unit from the scene. The time of the turnover must be documented. The criteria of the Standard of Care: Transfer of Care (Turn-Down) is required. For ePCR, since no record is exchanged between units, the BLS unit may start transport prior to the ALS record completion, but the ALS completion expectation is the same. The ALS unit must complete their documentation and fax/post to the receiving hospital prior to going back into service.

DEPARTMENTS USING THE ELECTRONIC PCR (ePCR)

Both BLS and ALS fire department responding vehicles in Milwaukee County complete their patient care record documentation on their own ePCR Toughbook or Tablet per above policy. If two PCRs are created, both records will be posted and saved permanently in the database.

Transferring ePCR Information between Units

The first arriving fire department EMS unit who assesses the patient initiates their ePCR. If the run is an ALS call, typically the BLS unit will arrive first, document any patient assessment and treatment. When the ALS unit arrives, the BLS unit may transfer a copy of their record to the ALS unit who will then only need to add their own assessment and treatment. All datafields will transfer except the Responding Vehicle Identifiers, Unit Type, Crew, and Response Times. (The BLS unit must still finish their record and post to the database.)

In addition, if the ePCR is transferred between two different municipalities, the receiving municipality will replace the Fire Incident Number datafield on their Toughbook/Tablet with their own department number.

Initial: 12/10/82	**MILWAUKEE COUNTY EMS**	Approved by: Kenneth Sternig, MS-EHS, BSN,EMT-P
Reviewed/revised: 2/16/11	**OPERATIONAL POLICY**	Approved by: Ronald Pirrallo, MD, MHSA
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DEPARTMENTS USING THE PAPER PCR

Shared EMS Patient Care Record

Both BLS and ALS fire department responding vehicles in Milwaukee County complete their documentation on the same paper EMS patient care record form. Each fire department municipality will have their own department name on the top of the form.

The first arriving fire department EMS unit who assesses the patient initiates the PCR form. If the run is an ALS call, typically the BLS unit will arrive first, document any patient assessment and treatment. When the ALS unit arrives, the BLS unit will give the intact four-part form to the ALS unit for documentation of their assessment and treatment. The *transporting fire department unit* maintains possession of the intact four-part form.

NOTE: Some fire departments have chosen not to share the form across their city borders at this time. In this case, each fire department municipality would start and complete their own PCR form on the same patient. The transporting unit should receive the Hospital Copy from any other unit who assessed the patient. See below:

Departments Sharing the Paper PCR Form Between Municipalities
- Both the BLS and ALS units will document on the same report form no matter which fire department they are from. The transporting unit will take the entire PCR (all 4 copies).

- If two different fire departments are involved, when the call is over, the fire department of the transporting unit must send a photocopy of the PCR to the other fire department who documented on the form.

Departments NOT Sharing the Paper PCR Form Between Municipalities
- If the BLS unit who initiates the form is from the same fire department as the ALS unit, both units will document on the same report form and the entire PCR (all 4 copies) will be given to the transporting unit.

- If the BLS unit who initiates the form is NOT from the same fire department as the ALS unit, each unit will complete their own PCR form. The unit turning over the patient will give the Hospital Copy of their PCR to the transporting unit.

PATIENT CARE RECORD COMPLETION

Documentation by Type of Unit

ALS\BLS Units approved in the Milwaukee County EMS Plan, have the flexibility to be dispatched on BLS level calls as well as ALS level calls and may transport patients at either level. Documentation will vary depending on the designation of the unit, which is reliant on the daily staffing and equipment stocked on the unit. *In addition, for paper PCR users, an ALS\BLS Unit responding with a dedicated ALS Unit may be documented as a PFR to eliminate the need for completion of the Transfer of Care form.*

2 Licensed Paramedics (ALS Unit)

- Units staffed with at least 2 paramedics and stocked with all required ALS equipment, shall be designated as a Med Unit*. A designated Med Unit shall document using the assigned Med Unit number for all level of dispatches.
- Radio the Milwaukee County EMS Communications Center for notification of dispatch.
- Complete all ALS sections on the paper PCR, including the ALS Vehicle Personnel section. For ePCR, select 'ALS' in the Unit Type datafield. (The Dispatch Level section on the PCR will identify if the call was dispatched as BLS.)
- The Transport Mode section on the paper PCR and Conveyed By datafield on the ePCR will identify the final level of the dispatched call and the correct billing level.
    - o Complete, "FD ALS" for patients transported at the ALS level.
    - o Complete, "FD BLS" for patients transported by the Fire Department at the BLS level.
- Close the call with the EMS Communications Center.
    - o ALS transports, relay patient information for hospital notification.
    - o BLS transports, relay patient information for hospital notification.
- Units stocked with only PFR supplies, shall be designated as a PFR Unit. (See PFR Unit below)
- Units stocked with only BLS supplies, shall be designated as a BLS Unit. (See BLS Unit below)

1 Licensed Paramedic (PFR Unit)

- Units staffed with at least 1 paramedic and stocked with PFR supplies, shall be designated as a PFR unit and use the vehicle unit number, i.e., R3, E1, R1883.
- Complete all BLS/PFR sections on the paper PCR, including the BLS/PFR Vehicle Personnel section. For ePCR, select 'PFR' in the Unit Type datafield.
- Units without PFR (or ALS) supplies shall be designated as a BLS unit. (See BLS Unit below)

0 Licensed Paramedics (BLS Unit)

- Units staffed with 0 paramedics, shall be designated as a BLS unit and use the vehicle unit number.
- Complete all BLS/PFR sections on the paper PCR, including the BLS/PFR Vehicle Personnel section. For ePCR, select 'BLS' in the Unit Type datafield.

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Multiple Casualties

- When multiple victims are present at a scene (3 or more) and <u>the paramedic team is caring for</u> <u>one or more patients</u>, other patients who are triaged but not completely assessed by the paramedic team do not need to have a PCR generated by the paramedics if it will interfere with the ALS care of the critical patient(s).

- When multiple victims are present at a scene (3 or more) and <u>no patient at the scene requires ALS care</u>, the paramedics will function as the triage team.

  -**For Paper PCR:**
  The team leader will prepare one (1) Overflow run report. In the section for patient name, the designation "Multiple Casualty" will be entered. Date, incident number, emergency location, unit letter and number, and times are entered as usual. In the treatment log section the team leader will list each patient's name, date of birth, chief complaint, vital signs, transporting unit and destination.

  -**For ePCR:**
  Follow your department standard operating procedure for PCR documentation.

- The transporting unit(s) must complete a standard PCR.

Refusal of Care and/or Transport

If a patient refuses care and/or transport, the following information (in addition to standard documentation) will be notated on the PCR:

1. A statement indicating the patient is an alert/oriented adult
2. Medical treatment and transport options were offered to the patient
3. The paramedic team informed the patient of the possible consequences, including potentially life-threatening conditions, of refusing medical care
4. The patient was encouraged to seek medical help for his/her condition
5. The patient indicated he/she accepts the risks of refusal of care

-For Paper PCR:
The report writer will have the patient initial the line in the lower left hand corner: "I refuse treatment/transport against medical advice and understand/accept the risks" and have the patient sign below.

-For ePCR:
The report writer will have patient sign the appropriate refusal area.

Patient Signature

- The patient signature is *required* on all PCRs. If the patient is unable to sign, ask a family member or witness to sign and document their relationship to the patient. A full name signature is required, initials are not acceptable. The witness signature validates that patient care was provided by EMS personnel, it does not imply any financial responsibility.

- If no family member or witness is available, the receiving Emergency Department RN may sign.

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Deceased Patients
If the patient is deceased at the scene (either no resuscitation was attempted or the resuscitation was terminated in the field) the PCR should be handled as follows:

- If the Medical Examiner is at the scene, give the Hospital Copy of the paper PCR to the Medical Examiner. For the ePCR, fax a copy or post to the ME's Dashboard.
- If a BLS unit (private or fire department) will be transporting, give the Hospital Copy of the paper PCR to the BLS unit who in turn should give it to the physician at the receiving hospital or ME. For the ePCR, fax a copy to the receiving facility or post to the facility Dashboard.
- If control of the scene is given over to a police officer or private Ambulance Company awaiting arrival of the Medical Examiner, the Hospital Copy of the paper PCR is to be sealed in an envelope. Write the patient's name, the designation of the paramedic unit and the names of the paramedics on the outside of the envelope. (State law forbids the review of the contents of the run report by the police without the written permission of the next of kin or a court order.) For the ePCR, fax a copy to the ME or post to the ME Dashboard.

Copy Distribution
-For Paper PCR:
When completed, there are four copies of the report form to distribute as follows:

- Top Copy: Milwaukee County EMS Copy
  To be sent to Milwaukee County EMS where it will be scanned into the MC EMS database.
- Part Two: Fire Department Copy
- Part Three: Fire Department Billing Copy
  The second and third copies are forwarded to the appropriate fire department administration, one will be filed, and the other will be used for fire department billing, if applicable.
- Part Four: Hospital Copy
  To be left with the patient at the hospital.

Each fire department administration will submit their paper records to MC EMS on a weekly basis.
-For ePCR:

- Hospital Copy: A faxed copy or an electronic copy posted on the Hospital Dashboard will be made available to the receiving hospital before the transporting crew goes back into service.
- Fire Department Copy: Stored in billing vendor's database, accessible by fire department and authorized MC EMS personnel.
- MC EMS Copy: The billing vendor will export completed PCRs within 72 hours to MC EMS on a daily basis.

PATIENT CARE RECORD COMPLETION

Correcting Written Errors

If a written error occurs while completing the paper PCR, draw one (1) line through the mistake, mark it as "error", place your initials next to the error and write in the corrected information.

Amending Reports

If a late entry needs to be made to a completed and distributed PCR, an amended report should be filed.

-For Paper PCR:

Use the Overflow/Transfer of Care form for this purpose. Write in the following information:

- Case No. from the original EMS Report form (PCR)
- Date of the run
- Fill in Overflow circle
- Incident Number
- Unit Letter
- Unit Number
- Patient Name

Use the narrative to explain what information was left out of the original report or if a written error was made. Be sure to include the date and time the amended report was filed. The report writer should then sign the report and distribute the copies as labeled. The hospital only needs to be notified if there was a medication error.

-For ePCR:

Log in to the fire department service bridge website and search for the record to be amended. Using the addendum function, explain what information was left out of the original report or if an error was made. The date and time of the amendment will be automatically recorded. The hospital only needs to be notified if there was a medication error.

Legal Issues

The patient care record is both a legal and medical document. Medical information on the record is confidential and should not be released or disclosed without proper (legal) authorization. The fire department owns the record, but the patient owns the information documented on the record. Persons requesting a copy of or information from the record should be referred to your fire department administration.